

**LAW OFFICE OF MARK BROWN, L.L.C.**

4700 BELLEVIEW SUITE 210  
KANSAS CITY, MO 64112  
Tel. (816) 268-8950  
Fax (816) 502-7898

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**AUG 16 2006**

**F A C S I M I L E   T R A N S M I S S I O N**

We are sending a total of 3 pages including this cover sheet.

Re: Stephen K. Bubbs  
SN 10/724,459  
Filed 11/28/2003  
Michael J. Araj, Examiner  
Group Art Unit 3733  
Attorney Docket 3213

To: U.S. Patent Office

Facsimile No.: 571-273-8300

From: Mark Brown

Attached are the following Documents in the above referenced application:

Transmittal Letter (1 pg)  
Revocation of Power of Attorney (1 pg)

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PTO/SB/21 (07-06)

Approved for use through 08/30/2008. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/724,459
	Filing Date	November 28, 2003
	First Named Inventor	Stephen K. Bubb
	Art Unit	3733
	Examiner Name	Michael J. Aral
	Attorney Docket Number	3213
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Mark Brown, LLC		
Signature	<i>Mark Brown</i>		
Printed name	Mark Brown		
Date	8/16/06	Reg. No.	30,361

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Mark Brown</i>		
Typed or printed name	Mark Brown	Date	8/16/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 16 2006

PTO/SB/82 (01-06)

Approved for use through 12/31/2008 OMB 0651-0035  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/724,459
Filing Date	11/28/2003
First Named Inventor	Stephen K. Bubb
Art Unit	3733
Examiner Name	Michael J. Aray
Attorney Docket Number	3213

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

63151

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

63151

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Law Office of Mark Lydon - LLC				
Address	4700 Belknap Suite 210				
City	Kansas City	State	MO	Zip	64112
Country	Jackson				
Telephone		Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>		
Name	Stephen K. Bubb, M.D.		
Date	8/17/06	Telephone	816 926 0505

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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